



## News Release

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### **New Law Provides Improved Diabetes Services In Utah Schools**

*School Nurses and American Diabetes Association, serving Utah ensure safety*

(Salt Lake City, UT) – Children and teens with diabetes now have the opportunity to carry glucagon in school and have trained volunteer school personnel administer glucagon in the case of a severe hypoglycemic reaction (low blood sugar). If a child is experiencing severe hypoglycemia, quick action from volunteers who administer glucagon can prevent life-threatening problems from occurring.

Senate Bill 8, enacted during the 2006 legislative session, directs a public school to train school personnel who volunteer to be trained to administer glucagon in the event of an emergency, and it also permits a student to possess and/or self-administer diabetes medication, when requested by medical professionals and parents.

“Diabetes does not disappear during the school day. It is a 24 hour-a-day issue,” says Mary Murray, MD, Pediatric Endocrinologist, Primary Children’s Medical Center. “Children are in an unsafe environment if hypoglycemia cannot be treated according to best practices.”

As a result of Senate Bill 8, school nurses are being trained to teach school personnel who volunteer to be called upon in an emergency when a student is experiencing hypoglycemia. Volunteers are granted immunity from liability when acting in good faith, as well as health care professionals who train volunteers. Trainings for volunteers are going on statewide and interest has been phenomenal.

Parents of children with diabetes are required to complete and file a Glucagon Authorization Form and Diabetes Medication Form with their child’s school. They have the ability to request that the school identify and train school personnel who volunteer to be trained in the administration of glucagon medication.

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School nurse's number one priority is always to provide for the safety, well being and health of all children. But, because school nurses cover two or more schools daily, the glucagon training will help to ensure that if glucagon is needed for a child, there is someone in the school to give it.

“With all of the daily struggles to keep my son healthy, Senate Bill 8 provides another tool to ensure that he has the appropriate care he needs while attending school,” says Theresa Christensen, mother of Charlie age 10. “It is one less worry for me to know that he has trained volunteers willing to treat him should the need arise.”

“I feel more confident in sending my child to school knowing that he will be well taken care of in the event he has a low blood sugar,” said parent of child with diabetes. “I am grateful to the school nurse and volunteers who are looking out for my son.”

Hypoglycemia occurs when blood glucose levels are below a child's target range, which can happen when a child's meal or snacks are eaten late or missed, or when a child gets more exercise than planned. Some moderate symptoms of hypoglycemia include sweating, hunger, dizziness, headache, confusion and difficulty paying attention. Symptoms of severe hypoglycemia include loss of consciousness, seizure and inability to swallow.

Glucagon is the fastest means to treat severe hypoglycemia. It is considered safe, but may have minor side effects, such as nausea and vomiting. Glucagon should be administered when a child is having a severe hypoglycemic reaction, and is unable to eat or drink anything. The prescribed glucagon is in a kit that a student can carry with them or have school personnel keep in a designated location.

Type 1 diabetes, most commonly diagnosed in children, is one of the most common chronic diseases of childhood. According to the Utah Department of Health (UDOH) 2005 Health Status Survey, three out of 1,000 children under 18 years of age have diabetes (*or a total of 2,365*). This puts Utah slightly higher than national estimates.

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